

CLAIMS ONLY						Application Number <u>109963720</u>	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep.	6						Total Indep.					
Total Depend	14						Total Depend					
Total Claims	20						Total Claims					